

**LaGov ERP Statewide Access  
SECURITY ADMINISTRATOR SETUP/CHANGE FORM**Agency # \_\_\_\_\_ ☐ FPC ☐ ORM ☐ OSRAP ☐ OSP ☐ OSUP**PRIMARY Admin Information:**

Personnel Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**ALTERNATE Admin Information:**

Personnel Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Authorization (Section Head or Assistant Commissioner)**Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For information concerning submission of completed forms:  
<http://www.doa.louisiana.gov/OIS/service/forms/submission.htm>

**OTS Use Only:**

	Position No.	Employee No.	ZP200	ERP role	Remedy ID	Email sent	Other
Prev Admin							
New Admin							